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Bib Data Sheet

CONFIRMATION NO. 6564

<b>SERIAL NUMBER</b> 10/015,492	<b>FILING DATE</b> 12/13/2001 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> AUS920011012US1
<b>APPLICANTS</b> Viktors Berstis, Austin, TX; <b>** CONTINUING DATA *****</b> <u>NONE</u> <b>** FOREIGN APPLICATIONS *****</b> <u>NONE</u>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/24/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and <u>Don Frantz SP</u> Acknowledged <u>Examiner's Signature</u> Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 19
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> Robert H. Frantz P.O. Box 23324 Oklahoma City, OK 73123				
<b>TITLE</b> System and method for anti-moire imaging				
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees	
			<input type="checkbox"/> 1.16 Fees ( Filing )	
			<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	
			<input type="checkbox"/> 1.18 Fees ( Issue )	
			<input type="checkbox"/> Other _____	
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